

## Agency Assurance Agreement To the Department of Developmental Services

The following assurances are made by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Assurance	Initials
Will meet all applicable federal and state regulations	
Understands and will follow all applicable DDS policies and procedures	
Will protect the confidentiality of the individual and family's information	
Will bill only for services that are actually provided	
Will submit billing documents after service is provided and within 60 days	
Will accept payment from DDS as payment in full	
Will submit a financial report on forms or software provided by DDS.	
Will submit an audited financial report if receiving more than \$100,000 from DDS.	
Will retain financial and statistical records for six years from date of service provision.	
Understands and will follow all Waiver requirements detailed in the HCBS Waiver Manual.	
Will provide the False Claims Act to all staff, including new hires.	
Will allow state and federal offices responsible for program administration and audit to review service records and have access to program sites	
Will comply with State of Connecticut Ethics Protocols	
When transporting a consumer as part of the service: The vehicle in which the transportation is provided must have valid license plates and at a minimum the state of CT required level of liability insurance Vehicles must be maintained in safe working order Consumers with special mobility needs shall be provided transportation in a vehicle adapted to those needs as required to facilitate adequate access to services If the vehicle is used to transport consumers in wheelchairs, it should be equipped with floor mounted seat belts and wheel chair lock downs for each wheel chair it transports	
Will not require a participant to sign an agreement that they will not change agencies as a condition of providing services	
Will make information about staff qualifications and training records and Direct Service staff's time and attendance records available to DDS	
Will participate in individual's person centered planning	
Will obtain adequate information necessary to meet the needs of the individual	
In the delivery of services, specific service related activities as well as staffing are: Available and provided at any time as specified in the individual's Individual Plan. Delivered in a manner that takes into consideration the primary language of the consumer and their representatives as well as cultural diversity issues	
Will not sub-contract services	
Will participate in DDS training on Individual Support Procedures and self-advocacy prior to providing the service.	
Contractor will establish a secured email account using a secured program from the State of Connecticut software.	
Principal of the Entity, the Connecticut Administrator, other principals or owners will notify the Operation Center immediately if arrested or convicted of a crime.	

## Agency Assurance Agreement To the Department of Developmental Services

ASD Specific Assurances	Initials
Understands and will follow all applicable DDS Division of Autism Services policies and procedures	
Any staff and their supervisor will complete DDS Division of Autism Services Orientation Training Level 1 prior to providing the services as outlined in Division of Autism Services Guidelines.	
Any staff and their supervisor will complete DDS Autism Spectrum Adult Program Level 2 training as required for staff providing services as outlined in Division of Autism Services Guidelines.	
Will provide a copy of written documentation of services provided to the autism service coordinator and to the participant if applicable by the 15 <sup>th</sup> of the month following the provision of that service. The documentation will include: participant name, service provider name, dates and length of service, activities that occurred that support the goals and objectives of the Individual Service Plan, and suggested activities for the participant.	
Will provide supervision to staff to ensure quality services.	
Will meet and keep current all state licensing/certification requirements for service provision.	
Will provide quality services to individuals with ASD and their families.	

Signed \_\_\_\_\_ Date \_\_\_\_\_